

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number  
10729827  
10729827

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	35	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 =	* 15
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	270.00
X43=		OR X86=	86.00
+145=		OR +290=	<input type="checkbox"/>
TOTAL		OR TOTAL	1126.00

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)	(Column 2)	(Column 3)
Total	* 35	Minus	** 35	= <input type="checkbox"/>			
Independent	* 4	Minus	*** 4	= <input type="checkbox"/>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

SMALL ENTITY  
OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<input type="checkbox"/>
X43=		OR X86=	<input type="checkbox"/>
+145=		OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)	(Column 2)	(Column 3)
Total	* 35	Minus	** 35	= <input type="checkbox"/>			
Independent	* 4	Minus	*** 4	= <input type="checkbox"/>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<input type="checkbox"/>
X43=		OR X86=	<input type="checkbox"/>
+145=		OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)	(Column 2)	(Column 3)
Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>	= <input type="checkbox"/>			
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.